

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner: Name (first, middle, last)

Social Security Number

DOE, JANE ANNE

111-22-3333

Respondent: Name (first, middle, last)

Social Security Number

DOE, JOHN RICHARD

222-33-4444

IV-D Case:

☒ TANF☐ IV-E Foster Care☐ Medicaid Only☐ Former Assistance☐ Never Assistance

Non-IV-D Case:

☐

File Stamp

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier 999999999

Initiating Tribunal Number _____

A Separate Affidavit Is Required for Each Child Needing Paternity Established.

SECTION II, JANE ANN DOE, on oath, under penalty of perjury depose and allege:

Name (first, middle, last)

1. I am the ☒ natural mother of the child named below:☐ natural father☐ other; explain in Section IV

Child's Full Legal Name (first, middle, last) JOHNNY JUMPUP DOE	Child's Date of Birth (Month, Day, Year) 1/1/2010	Place of Birth (City, County, State) Lansing, Ingham, Michigan
Date Mother Got Pregnant (Month, Year) 4/2009	Full Term Pregnancy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State) Disney, Eaton, Michigan
		Mother's Maiden Name (first, middle, last) Jane Anne Smith

2. The child was conceived as a result of sexual intercourse between JOHN RICHARD DOE
and me during the time stated above. Name (first, middle, last)3. a. A man is named as the father on the child's birth certificate. ☒ Yes (Attached certified copy) ☐ No
If Yes, the man's name and address are:b. A man was married to the natural mother, and the child's birth
occurred within a year of the end of the marriage. ☐ Yes ☒ No
If Yes, the man's name and address are: Date marriage ended _____
(Month, Day, Year)c. A man signed an acknowledgment of paternity **before an
acknowledgment became a legal finding of paternity under
State law.** ☒ Yes (Attached certified copy) ☐ Nod. A man acted as and presented himself to be the child's father. ☒ Yes ☐ No
If Yes, the man's name and address are:e. Genetic tests were completed to determine the biological father
of the child. If Yes, attach results. ☐ Yes ☒ No

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ Yes ☒ No
(If Yes, complete the following).
 - a. The name(s) and address(es) of the other man/men:
 - b. The other man/men are biologically related to the man I am naming as the child's natural father.
☐ Yes ☐ No If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.)
 - c. I do not believe the other man/men is/are the father because:
2. I was married at the time of this child's birth ☐ Yes ☒ No (If Yes, complete the following)
 - a. Husband's name (first, middle, last) and last known address:
 - b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any:
3. JOHN RICHARD DOE is the father of this child. The following facts support my allegations of paternity:
Name (first, middle, last)
 - a. We lived together. ☐ Yes ☒ No Dates: _____ To _____
Location _____
 - b. I have told welfare officials that he is the father of this child. ☒ Yes ☐ No
 - c. I told him that he was the father of the child. ☒ Yes ☐ No
 - d. He is named as the father on the birth certificate. ☒ Yes ☐ No ☒ Certified Copy Attached
 - e. He signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** ☒ Yes ☐ No ☒ Certified Copy Attached
 - f. He admitted being the father of the child. ☒ Yes ☐ No
 - g. He sent cards/letters regarding the pregnancy and/or about the child. ☐ Yes ☒ No ☐ Copies Attached
 - h. He was present at the birth of the child. ☐ Yes ☒ No
 - i. He visited the child at the hospital following birth. ☒ Yes ☐ No
 - j. He offered to pay abortion expenses. ☐ Yes ☒ No
 - k. He offered to pay medical expenses. ☐ Yes ☒ No
 - l. He paid for birth related expenses. ☐ Yes ☒ No
 - m. He claimed the child on tax returns. ☐ Yes ☒ No ☐ Don't Know
 - n. He has provided food, clothing, gifts or financial support for the child. ☒ Yes ☐ No If Yes, explain in Section IV
 - o. He lived with the child. ☐ Yes ☒ No If Yes, explain in Section IV
 - p. He visited the child. ☒ Yes ☐ No If Yes, explain in Section IV
 - q. The child resembles him. ☒ Photo attached ☒ Yes ☐ No If Yes, explain in Section IV
 - r. There are witnesses to my relationship with him. ☐ Yes ☒ No
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- | | | | | |
|----|--|---|--|---|
| a. | The mother and I lived together. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Dates: _____ To _____
Location _____ |
| b. | The mother told me that I am the father of the child. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. | I am named as the father on the birth certificate. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Certified Copy Attached |
| d. | I signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Certified Copy Attached |
| e. | I was present at the birth of the child. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. | I visited the child at the hospital following birth. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. | I offered to pay abortion expenses. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| h. | I offered to pay medical expenses. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| i. | I paid for birth related expenses. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| j. | I claimed the child on tax returns | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| k. | I have provided food, clothing, gifts or financial support for the child. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| l. | I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| m. | I visited the child. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| n. | The child resembles me. <input checked="" type="checkbox"/> Photo attached | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| o. | There are witnesses to my relationship with the child's mother. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
- (If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV - OTHER PERTINENT INFORMATION (including detailed explanations for "Yes" responses in Section II or Section III above)

☐ Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

August 29, 2014
Date

Signature

Ingham, Michigan
Sworn to and Signed before me
this Date, County and State

IMA IMPORTANT NOTARY PUBLIC, NOTARY
Notary Public/Official and Title

December 31, 2015
Commission Expires